

JUDSON BAPTIST RETREAT CENTER SUMMER CAMP REGISTRATION FORM

2010

CAMP NAME: _____ (Example: BMC, GMC I, II, III, IV, Teens In Action)	CAMP WEEK PREFERENCE: 1 st : _____ (For Girls' Missions Camps)	2 nd : _____ three choices 3 rd : _____ in case your week is full!
CHURCH: _____ ADDRESS: _____ CITY/ST/ZIP: _____ PHONE: _____ ASSOC.: _____ E-Mail: _____	SUBMITTED BY: NAME: _____ ADDRESS: _____ C/ST/ZIP: _____ Cell Phone _____ PHONE: _____ E-Mail: _____	

**Please list counselor information below and put an asterisk beside his/her name.
(REMINDER: Each church must provide (1) counselor for every (7) campers.)**

Please see JBRC Summer Camp Dates–Information 2010 sheet for deposits, rates and deadlines for discounts and late fees.

Reservations will be taken on a first-come, first served basis. We only take reservations by mail. Balance of fees will be due upon arrival at camp. **Please be aware that a particular camp may fill up before the April 23th deadline! Please list your Camp Week Preference for Girls' Missions Camp in the event that your first choice is full.**

Please fill in the information below for each camper. **CAMPERS WILL BE PLACED IN CABINS BY AGE GROUP. HAVE EACH CAMPER CHOOSE ONLY ONE BUNKMATE.** (Unless you have an uneven number of campers from your church.) **Please list bunkmates together and indicate their number.**

Bunk Mate#	Name	Sex	Grade	Info Sheet (Y or N)	Medical Form (Y or N)	T-Shirt Size	Horses \$19.00	Deposit	TOTAL Paid	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
TOTALS										

Bunk Mate #	Name	Sex	Grade	Info Sheet (Y or N)	Medical Form (Y or N)	T-Shirt Size	Horses \$19.00	Deposit	Total Paid	
	8.									
	9.									
	10.									
	11.									
	12.									
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	22.									
	23.									
	24.									
	25.									
	TOTALS (INCLUDING 1ST PAGE)									